



WATER WELL REPORT FOR AN EXISTING WELL

RECEIVED

JUL 23 2013

DEPT OF ECOLOGY
NWRO - WR

INSTRUCTIONS:

Use this form if an original water well report was NEVER filed or is MISSING from Ecology records.

Your well must be properly tagged prior to submitting this form. Please fill in all blanks as completely as possible. If information is not known leave blank. After completing, mail the original form to: WA State Department of Ecology, PO Box 47600, Olympia, WA, 98504-7600, ATTN: Marian Bruner.

CURRENT USE: <input type="checkbox"/> Domestic <input type="checkbox"/> Industrial <input type="checkbox"/> Municipal <input type="checkbox"/> DeWater <input type="checkbox"/> Irrigation <input type="checkbox"/> Test Well <input checked="" type="checkbox"/> Other <u>Church</u>		Unique Ecology Well ID Tag No. <u>AGA772</u>																	
DIMENSIONS: Diameter of well <u>6</u> inches. Depth of completed well <u>96</u> ft. if known.		Water Right? If yes, attach copy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
CONSTRUCTION DETAILS Liner installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown TYPE: <input type="checkbox"/> PVC <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete Liner <input type="checkbox"/> Other <input type="checkbox"/> Unknown		Property Owner Name <u>Camano Lutheran Church</u> Well Street Address <u>850 N. Heichel Road</u> City <u>Camano Island</u> County: <u>Island</u> Tax Parcel No. <u>R 33221-078-0180</u>																	
Perforations <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.		LOCATION An accurate location of your well is very important. The Township, Range, Section and 1/4, 1/4 can be found on your legal description or through your county assessor's office. Sec <u>21</u> Twn <u>32N</u> R <u>3</u> EWM Circle one WWM																	
Screens: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown MF's name _____ TYPE: <input type="checkbox"/> Stainless Steel <input type="checkbox"/> PVC <input type="checkbox"/> Other Diam. _____ Slot Size _____ from _____ ft. to _____ ft.		<table border="1" style="width: 100%; text-align: center;"> <tr><td>D</td><td>C</td><td>B</td><td>A</td></tr> <tr><td>E</td><td>F</td><td>G</td><td>H</td></tr> <tr><td>M</td><td>L</td><td>K</td><td>J</td></tr> <tr><td>N</td><td>P</td><td>Q</td><td>R</td></tr> </table> <p>This square represents one section of land, which is approx. 640 acres. Within this section, circle the letter that best represents the location of the well within this section.</p>		D	C	B	A	E	F	G	H	M	L	K	J	N	P	Q	R
D	C			B	A														
E	F			G	H														
M	L	K	J																
N	P	Q	R																
Gravel/Filter Packed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown Materials paced from _____ ft. to _____ ft.																			
Surface Seal: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown If know, to what depth _____ ft. Materials used if known: _____ <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement																			
PUMP: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No MF's Name _____ Type: <u>Goulds</u> H.P. <u>3/4</u>																			
WATER LEVELS: Land-surface elevation above mean sea level _____ ft. Static Level _____ ft. below top of casing Date measured _____ Artesian pressure _____ lbs. per square inch Date measured _____ Well head has cap? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Shut off valve? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
WELL TESTS: Drawdown is amount water level is lowered below static level. Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach copy <input type="checkbox"/> Unknown Yield: <u>12</u> gal/min. with _____ ft. drawdown after _____ hrs.																			
Latitude/Longitude Note: Section, Township, Range still REQUIRED Lat Deg <u>48</u> Lat Min/Sec <u>14.52003</u> Long Deg <u>122</u> Long Min/Sec <u>26.3286</u> <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Topographic Map <input type="checkbox"/> Computer Generated Additional Information, if available: <input type="checkbox"/> Location marked on topographic map (please attach) <input type="checkbox"/> Location marked on air photo (please attach)																			

CERTIFICATION: The information reported above is true to the best of my knowledge and belief.

☐ Driller ☐ Engineer ☐ Property Owner ☒ Other

Name Vin Sherman

Signature Vin Sherman

Driller License No. _____

Date Signed 18 July 2013

Drilling Company Island County Health Dept.

Address of person completing this form:

PO Box 5000
 City, State, Zip Conoverville, WA 98239

~~Stanwood~~ WA -
Comano Island.

Dead end Road

10 year
Protection
Circle

church North Property Line.

Residences

5 year
Protection
Circle

Parking lot and
playground surround
G. Harsh

1 Dr. Hec
m-Well

Scale $1'' = 100'$

Residence

Herchel Road

Church
Complex

Church
Drain
Field

State Hwy 532

→ Stonewood 3 miles